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Bib Data Sheet

CONFIRMATION NO. 2480

SERIAL NUMBER 10/708,481	FILING DATE 03/05/2004 RULE	CLASS 360	GROUP ART UNIT 2652	ATTORNEY DOCKET NO. 47320.0145												
APPLICANTS Matthew T. Starr, Lafayette, CO; Jennifer L. Woodruff, Erie, CO; Rebecca J. Amparan, Longmont, CO; Christopher A. Pollard, Monument, CO;																
** CONTINUING DATA *****																
** FOREIGN APPLICATIONS *****																
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/19/2004																
<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none; vertical-align: top;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"> <i>[Signature]</i> Examiner's Signature </div> <div style="border-bottom: 1px solid black; width: 50px; margin-bottom: 5px;"> Initials </div> </div> </td> <td style="width: 15%; border: none; text-align: center; vertical-align: top;"> STATE OR COUNTRY CO </td> <td style="width: 10%; border: none; text-align: center; vertical-align: top;"> SHEETS DRAWING 60 </td> <td style="width: 10%; border: none; text-align: center; vertical-align: top;"> TOTAL CLAIMS 23 </td> <td style="width: 20%; border: none; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 1 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"> <i>[Signature]</i> Examiner's Signature </div> <div style="border-bottom: 1px solid black; width: 50px; margin-bottom: 5px;"> Initials </div> </div>	STATE OR COUNTRY CO	SHEETS DRAWING 60	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 1							
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ADDRESS 20874 WALL MARJAMA & BILINSKI 101 SOUTH SALINA STREET SUITE 400 SYRACUSE , NY 13202																
TITLE ENTRY/EXIT PORT MAGAZINE FOR A DATA CARTRIDGE LIBRARY																
FILING FEE RECEIVED 649	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none; vertical-align: top;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width: 40%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees </td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing) </td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue) </td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____ </td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees		<input type="checkbox"/> 1.16 Fees (Filing)		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		<input type="checkbox"/> 1.18 Fees (Issue)		<input type="checkbox"/> Other _____		<input type="checkbox"/> Credit
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